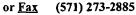
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450





INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected b	below or directed otherwise is.	in Block 1, by (a	specifying a ne	w correspondence address	; and/or (b) indicating a s	eparate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 29505 7590 11/25/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
DELIO & PETERSON, LLC 121 WHITNEY AVENUE NEW HAVEN, CT 06510 2/14/2006 MBEYENE2 00000045 090458 10771684						
E/14/EUVO NBETENEE VV	VVVVI VVIII 1011.	1001/1	æ/			(Depositor's name)
FC:1501 1400.00 DA			ADEM NEWS			(Signature)
2 FC:1504 300.	אע טט					(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO	CONFIRMATION NO.
10/771,684	10/771.684 02/03/2004		Christopher P. Ausschnitt		FIS920030423US1	4817
TITLE OF INVENTION: M			-		CUS OFFSET	
APPLN, TYPE	SMALL ENTITY ISSUE FEE		F	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	02/27/2006
EXAMINER		ART UNIT		CLASS-SUBCLASS	1	
GUTIERREZ, KEVIN C		2851		355-055000	J	
	·		2 For printing			
 Change of correspondence CFR 1.363). 	address or indication of "re	ee Address" (37		on the patent front page, li- of up to 3 registered paten		o & Peterson, LL(
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a			
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Todd M.C. Li			
	RESIDENCE DATA TO B					
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NOT	ata will appear of a substitute for f	on the patent. If an assign iling an assignment.	ee is identified below, the	document has been filed for
(A) NAME OF ASSIGNE			B) RESIDENCE: (CITY and STATE OR COUNTRY)			
INTERNATIO	ONAL BUSINESS A	MACHINES CO	RPORATIO	N ARMONK,	NEW YORK	
Please check the appropriate a	assignee category or categor	ries (will not be pri	nted on the patent): 🔲 Individual 🔀 Co	orporation or other private	group entity Government
a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
K Issue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0458 (enclose an extra copy of this form).			
Advance Order - # of 0	Copies		Deposit Account	Number 09-0458	enclose an extra	copy of this form).
	from status indicated above IALL ENTITY status. See 3		D b. Applicant is	s no longer claiming SMAI	L ENTITY status. See 37	CFR 1.27(g)(2).
he Director of the LISPTO is	requested to apply the Issu	e Fee and Publicati	on Fee (if any) or from anyone othe office.	to re-apply any previously r than the applicant; a regi	y paid issue fee to the appli stered attorney or agent; or	cation identified above. the assignee or other party in
Authorized Signature				Date	24/2006	
Typed or printed name	Peter W. Pete	erson		Registration	No. 31,867	
					111 111 1 7	AL. AL ATIONYO AS ARE

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.